

## **Exhibit C**

**CLAIM FORM**

As part of the Settlement Agreement, you may be eligible to receive (1) a refund of the registration fee you paid to become a Quixtar IBO; (2) up to \$100 in free Quixtar products; and (3) compensation for special hardships you suffered because of your participation in Quixtar. To determine your eligibility for these benefits, complete this Claim Form and mail it to **[insert claims administrator info]**.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

- (1) Are you currently a Quixtar IBO? Y N  
☐ ☐

*If you checked YES, proceed to Question 9. If you checked NO, proceed to Question 2.*

- (2) Were you a Quixtar Independent Business Owner ("IBO") at any time between January 1, 2003, and **[date of preliminary approval order]**? Y N  
☐ ☐

*If you checked YES in response to Question 2, proceed to Question 3. If you checked NO, you are not part of the Settlement Class, and the Settlement Agreement does not entitle you to compensation.*

### Registration Fee Refunds

- (3) Did you pay an initial registration fee to become a Quixtar IBO? Y N  
☐ ☐

*If you checked YES in response to Question 3, proceed now to Question 4. If you checked NO in response to Question 3, proceed now to Question 7.*

- (4) Did you continue participation in Quixtar by renewing your Quixtar distributorship at the end of the first year of your distributorship? Y N  
☐ ☐

*If you checked NO in response to Question 4, proceed now to Question 5. If you checked YES in response to Question 4, proceed now to Question 7.*

- (5) How much did you pay as a registration fee? \$ \_\_\_\_\_

*Proceed now to Question 6.*

- (6) What was the approximate date on which you paid the registration fee? \_\_\_\_\_

*Proceed now to Question 7.*

### Product Credit

- (7) Did you purchase at least \$100 in business support materials, including function registration fees, from Quixtar? Y N  
☐ ☐

*If you checked YES in response to Question 7, proceed now to Question 8. If you checked NO in response to Question 7, proceed now to Question 9.*

(8) Please rank the following three product bundles in order of your preference.

\_\_\_\_\_ Artistry skincare

HomeCare

\_\_\_\_\_ Nutrilite vitamin, mineral, or supplements

[*Quixtar to add information about each bundle*]

*Proceed now to Question 9.*

## Hardship Fund

- (9) Did you suffer at least \$2,500 in net financial losses resulting from your recruitment and service as an IBO, including by reason of the purchase of excessive amounts of Quixtar goods or business support materials? Y N  
☐ ☐

*If you checked YES in response to Question 9, proceed now to Question 10. If you checked NO in response to Question 9, proceed now to Question 11.*

- (10)** Please describe any special hardships you suffered, and include any supporting documents. For example, did you lose a home or a job? Did you lose excessive money purchasing Quixtar products? If you require more space to document your situation, please submit additional pages with this Claim Form. You should submit copies of any documents that you have to support your claim. Note also that a Special Master who will review claims may request additional information to verify your claim.

[illegible]

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*After answering Question 10, proceed to Question 11.*

**Attestation**

*It is important that all of the information you provide in this Claim Form is true, accurate, and complete. You may be required to provide documentation supporting the answers you have provided. Persons who submit false or fraudulent claims will not be eligible for compensation.*

**Y N**

**(11)** Do you attest that all information provided in this Claim Form is – to the best of your knowledge – true, accurate, and complete?

☐ ☐

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date